| | Grantor(s) | | | | | |
|----|---|---|--|--|--|--|
| | Name LAURA MAE BARK | OJER 1 | | | | |
| | Address 12413 FAIRVIEW | RO | | | | |
| | City Rymuh StatemS z | 1108E qiz | | | | |
| | Phone 1 (102-939-6584 | | | | | |
| | Phone 2 | | | | | |
| | | QUITCLAIM DÉED | | | | |
| | Mame LAURA BARRO, Tony + Ri | WOLTANIA Reserving Life Estate | | | | |
| | Address 17413 FAILUILL Rd | (| | | | |
| | | IN SE GIZ | | | | |
| | Phone 1 1102 939- (5594 | -ip <u>500 11</u> (| | | | |
| | 11.2 020 020 000 | 569329 | | | | |
| | Phone 2 <u>002-858-1215</u> 901-1 | 30 1301 | | | | |
| | For and in consideration of the same of Tax B !! | | | | | |
| | For and in consideration of the sum of Ten Dollars (\$10.00) cash in hand paid and other good and | | | | | |
| i | in in a chaha | ency of all of which is hereby acknowledged, | | | | |
| , | 0,300 | does hereby grant, bargain, sell, convey and | | | | |
| | quitclaim unto, (A) UX (SA) DEL TON (SA) DE CONTROL , as tenants by the entirety with full | | | | | |
| | rights of survivorship and not as tenants in common, the following described property situated in the | | | | | |
| | County of DeSoto, State of Mississippi, together | with all improvements and appurtenances thereon | | | | |
| | more particularly described as follows: | | | | | |
| * | By way of Explanation, The Grantor herein | n reserves unto herself a Life Estate in an | | | | |
| | | | | | | |
| | Lot Number Name of Subdivision | | | | | |
| | Section/Phase | Section 31 Township 2 Range 5 | | | | |
| | Plat Book Plat Page | Quarter Section: NE NW X SE SW | | | | |
| | | See Attached Exhibit: X | | | | |
| | | | | | | |
| | Possession is to be given with delivery of deed. | | | | | |
| | Witness my signature this the 5 day of 3 | | | | | |
| | Witness my signature this the day of | | | | | |
| | | Kaura Dae Barker | | | | |
| | | Signature | | | | |
| | | | | | | |
| | | Signature | | | | |
| r. | Prepared By And Return To: | | | | | |
| < | Name: <u>Laura Barber</u> | | | | | |
| | Address: 12413 Fairview Rd | | | | | |
| | A 1 1 | zin: 38/0/1 | | | | |
| | City: <u>Byhalia</u> State: <u>YNS</u> Phone: 10102 - 838 - 10584 | _ ZIP | | | | |
| | Enough 1717 7. 7. 7. 7. 7. 30 31 3 | | | | | |

STATE OF MISSISSIPPI

COUNTY OF DESOTO

| Personally appeared before me, the ur | ndersigned authority in and for the said county and state, |
|--|--|
| on this the <u>5th</u> day of <u>Quly</u> | , 20, Within my jurisdiction, the within named |
| on this the 5th day of July Laura Mae Barber | , who acknowledged that he executed the above and |
| foregoing instrument. | W.E. Davis Charcery Clerk |
| | Notary Public |
| My Commission Expires: My Commission Expires January 2,2012 | By: mistry J. Heffier D.C |

NO TITLE WORK WAS REQUESTED FOR THIS TRANSACTION.



DK W BK 660 PG 393

LAURA MAE BARBER, GRANTOR

OT

WARRANTY DEED

RICE BARBER, SR., ET UX,

GRANTEES

FOR AND IN CONSIDERATION of the sum of Tem Dollars (\$10.00), cash in hand paid, and other good and valuable consideration, the receipt of all of which is hereby acknowledged, I, LAURA MAE BARBER, do hereby sell, convey and warrant unto RICE BARBER, SR., and wife, LAURA MAE BARBER, as tenants by the entirety with full rights of survivorship and not as tenants in common, the land lying and being situated in DeSoto County, Mississippi, described as follows, to wit:

Beginning at the Southeast corner of the Northwest Quarter of Section 31, Township 2, Range 5 West; thence South 85 degrees 44 minutes West along South line of said Quarter Section 1259.0 feet to an iron pin; thence North 5 degrees 30 minutes West 541.0 feet to a point in the center of Fairview Road; thence Northeasterly along center of said road 630.0 feet for the point of beginning; thence along center of said road North 66 degrees 30 minutes East 210.0 feet to a point; thence South 5 degrees 30 minutes East 210.0 feet to an iron pin; South 66 degrees 30 minutes West 210.00 feet to an iron pin; thence North 5 degrees 30 minutes West 210.0 feet to point of beginning and containing 1.0 acre more or less. All bearings are magnetic.

The warranty in this Deed is subject to subdivision and zoning regulations in effect in DeSoto County, Mississippi; to rights of ways and easements for public roads and public utilities shown or not shown on the public records; to the restrictive covenants of said subdivision; and to any prior conveyance or reservation of minerals of every kind and character, including, but not limited to oil, gas, sand and gravel in, on and under subject property.

Taxes for the year 1992 are to be paid by the Grantees and possession is to take place upon delivery of deed.

WITNESS MY SIGNATURE, this the 26 H day of Or 1992.

Muse Mac Barber

STATE OF MISSISSIPPI COUNTY OF DESOTO

PERSONALLY APPEARED BEFORE ME, the undersigned authority in and for the State and County aforesaid, LAURA MAE BARBER who acknowledged that she signed and delivered the foregoing Warranty Deed on the day and year therein mentioned as her voluntary act and deed, and for the purpose expressed therein.

ATTEM UNDER MY HAND and official seal of office, this the 200 NOTARY FUBLIC NOTARY FUBLIC

Grantor's Address: Route 3, Box 12413 Fairview Road, Byhalia, MS 38611 Home # (601) 838-6584, Business # N/A

Grantees' Address: Route 3, Box 12413 Fairview Road, Byhaliz, MS 38611 Home #(601) 838-6584, Business # N/A

Please record and return to: Hugh H. Armistead, Attorney P.O. Box 609
Olive Branch, MS 38654
(601) 895-4844

STATE MS. - DESCTO CO. JU

Aug 27 12 13 PM '92

REJUGATE SANS PAGE 119 W.E. DAVIS CH.CLK.

STATE OF MISSISSIPPI



MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

DK W BK 660 PG 395



| TLING DATE FEB 1 4 2011 | TIFICATE OF DE STATE OF MISSISSIPPI | ATH | STATE FILE NUMBER | 123. Z |) TU U Z 3 | 4 |
|---|---|---------------------------------|---|-----------------------|--|-----------------|
| NAME First Middle | Last | 2. SEX 3n. HOU | R OF DEATH 36, DATE | OF DEATH (Morah | , Day, Year) | |
| Rice Evans Barber | | <u> </u> | io am -Janu | ary 4, | 2011 | |
| American Indian etc) BIPTUDAY | ONLY IF UNDER 1 YEAR So. MOS Sc. DAYS | ONLY IF UNDER 1 DA | | (Month, Day, Year) | 7. STATE OF BIRTH | |
| Black 80 Years PLACE OF DEATH IF DEATH OCCURRED IN A HOSPITAL | . IF DEATH OF TRRED SOM | | Bept 9 | 1930 | Saulsberry, | TN |
| (Check only one box) □ Impatient □ ER/Outpetlent □ DOA | Hospice In lifty Decedenta home | Other (Specify) | rm care facility | | ·. | |
| FACILITY NAME (If not a facility, give street address, route number, of 12413 Fairview Road W. | or other location) | 96. CTT | town or Location of De Byhalia | ATH 9 | c. COUNTY OF DEATH Desoto | |
| DECEDENT'S EDUCATION Elem/High School Co | pilese 11. MARRIED, NE WIDOWED, DI | VER MARRIED. | 12 SURVIVING SPOUS | (If wife, give | J. WAS DECEASED EVER IN U.S. ARMED FORCES? | |
| grade completed) (0-12) 8 Ch 3 | (Specify Ma | rried | malden name) | | U.S. ARMED FORCES? (Yes or No) NO | |
| . WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) | 15. SOCIAL SECURITY NUM | 4BER 16a. UST | JAL OCCUPATION (Kind of wo. | | 6b. KIND OF BUSINESS OR INDUSTRY | |
| CO No CI Yes (Specify) L. RESIDENCE - STATE 176. COUNTY | 409- | Mag | hine opera | tor | City of Memphi | ĹS_ |
| ر فرا الله الله الله الله الله الله الله ال | vo 286 v | 17d. 1845 (Sp | IDE CITY LIMITS cify Yea or Ho) | 20 km 🕸 | | |
| TATHER - NAME First Made | Byhalia Last | L9. MOTH | NO. | 1.241 | 3 Fairview Rd. | W. |
| John Barber 🕻 | | | | | Vauchn | |
| | KTIONSHIP TO DECEDENT | 20c. MA | LING ADDRESS (Suest and hu | | iate, Žiji Code) | |
| Allra M. Barber Windsposition of BODY (Specify Buris), 21b, CEMPTERYM | ERSMATORY - NAME | 21c. LOCATION (City at | 13 Fairwig | W Re | N Ryhalia MS | S386 |
| Cremation, Removal, etc.) Memori Burial Southern | al Park | Memphis | 17.7 | TAT. | ATTION AND THE | |
| FUNERAL HOME - NAME | 22c. FUNERAL HOME LICEN | NSE 22d, MA | LING ADDRESS (SILLE OF THE | nber, City r town, S | Newto Z(P Code) |) 53 |
| FILLESPIE FUNERAL Home PERSON WHO PRONOUNCED DEATH - NAME AND THE (TY | | 91 | 79 Pigeon R | oost R | | 554 |
| Daimon Weaver, DCME | pe or print) | 23b. PRO | nounced dead (Monih, Day January 4 | Year) | 23c. PRONOUNCED DEAD (Hour) | ,, |
| CERTIFIER - NAME (Type or print) | 24b. MAILING | C ADDRESS (Street and ga | imber. City or lows, State, ZIP Co | 20 de) | ^{AT} 0845am ". | |
| Jeffery Pounders | 4942 | 2 Pounder | s Rd, Nesb | it Ms | 38651 | |
| 23a. To the best of my knowledge, death occurred due to This | ge cause(s) and manner | and mane | sis of examination and/or Percetts or as stated. | ation, in my opinion. | death occurred the to the cause(s) | |
| ection to completed SIGNATURE > | | This ction to SIGNATI | RE> /s/ | 1000 14 | langue- | |
| Physician 25b. DATE SIGNED (Month, Day, Year) 25 STA triodical | by | coroner medical DeSC | to Co Coro | 2 | 80: | |
| traminer 23d. NAME OF ATTENDING PHYSICIAN SOTHER (Type or Print) | THAN CERTIFIER #1 | | GNED (Month, Day, Year) | net S | H-103. | |
| | | Janu | ary 20, 20 | 11 | | |
| MUSEOR 26 PARTI- Entir the chain of group discours, injuries, ATH without showing the Roberty. List only one of the Course at disease or condition. | serse ou erch five CK/ MCL C26/ VE | BREVIATIONS. | f steminst evenst such as cardiac | urest, al bek or fear | I failtige Interval between onset and de | |
| uiting in death) | cardial infa | arction | 1 65.2 -11 - 11 - 11 - 11 | | 777.0 | 5.9 |
| negitally interinditions. | State heart. | n 20 2 2 2 3 4 3 | | . } | | W., |
| DE Enter UNDERLYING DUE TO, OR AS A USE (disease or injury | CONSEQUENCE OF (Entet one can | use only): | | | | |
| initiated events resulting eath) LAST. (c) hypert DUBTO, OR AS A | CONSEQUENCE OF (Enter one ca | use only) | | | | |
| (d) PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contrib | siting to death but not casulting in the | underlying came given in | PART L AUTY | Pay I an | WAS CASE REFERRED TO | |
| | | | | r No. | MEDICAL EXAMINER! | |
| IF FEMALE, Q Was not pregoant within the past year SPECIFY: | | ☐ Was prognant at the tir | 110 | | t, but pregnant within 42 days of death | |
| O Not pregnant, but had been pregnant 43 o | | C) Unknown if pregnant | | | · | |
| Jae if Seath NOT 31s. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) | 31b. DATE OF INJURY (Month, Day, Year) | 31c. HOUR OF INTUS | Y 314 DESCRIBE HO | W TAHW YE ROW | EANS INIURY OCCURRED | |
| tue to 3fe. INTURY AT WORK 31f. PLACE OF INFURY (Spanish (Yea or No): Factory, Office building, | ecify Home: Parm, Street, 31g | LOCATION Spines | r, come unitigues | City or town | Stade | |
| stissippi State Department of Health THIS 16 TO CERTLEY THAT 1 | | evised 1-4-08 D CORRECT COPY | OF THE CERTIFICATE | ON FILE IN THO | Form 5 | 511 |

2/22/2011

Judy Moulder STATE REGISTRAR

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